



INITIAL APPLICATION FOR
CERTIFICATE OF FILING AS A
WORKERS' COMPENSATION SELF-INSURED GROUP

1. Name of Group: _____
2. Principal Office Location: _____

3. Date of Organization: _____
4. Attach list of each group members' name and address, if known, and if unknown, attach a description of the members to be solicited for membership
5. Attach identification of your fiscal year
6. Attach a copy of the articles of association
7. Attach a copy of the articles of incorporation
8. Attach a copy of the trust agreement or bylaws (including a description of the time and method by which premiums shall be determined, assessed and collected during regular operations and in the event of insolvency of the self-insured group)
9. Attach a copy of any agreements with an administrator, service organization, and fiscal agent, including third-party administrators and consultants
10. Attach a copy of the agreement, and all related documents, evidencing the following:
 - a) joint and several liability among members;
 - b) acknowledgement of the applicability of provisions of KRS 304 Subtitle 50; and
 - c) acknowledgement of the trustees' authority to manage and direct the affairs of the fund, including the assessment of members
11. Attach a description of the group members' common interests or a description of the bona fide trade association including date of organization, articles of incorporation, and a history of the association's activities
12. Attach the managed care and utilization review plans, if any
13. Attach a copy of each instrument by which the self-insured group or its agent or consultant has made a commitment to pay for a past or future good or service

14. Identification by name, address, and term of the initial board of trustees, of the initial administrator, and of the initial service organization together with an attested statement that a pecuniary or personal conflict does not exist between the official duties of the trustees, administrators and service organizations and the interests of the members
15. Name of the custodian and address where the self-insured group's books and records will be kept: _____

16. Attach a specimen of the proposed policy and certificate of insurance for the specific and aggregate excess coverage, clearly stating any deductible or retention amount
17. Attach copies of security deposits and fidelity bonds required under Subtitle 50
18. Attach a proposed schedule of projected annual premium rates and any factor or plan by which rates may be modified. Experience modification factors shall be calculated according to the rules of the advisory organization designated by the commissioner in accordance with Subtitle 13
19. Attach financial statements for initial group members audited by a certified public accountant, and signed by an owner or officer of each member, demonstrating the financial condition of each member, and a combined net worth of not less than ten million dollars (\$10,000,000) for the group. Governmental entities are not required to demonstrate combined net worth of ten million dollars (\$10,000,000), but must submit audited financial statements signed by an official authorized to act on behalf of the entity.
20. Attach a feasibility study prepared by a qualified actuary demonstrating the overall adequacy and soundness of the proposed plan of operation for the self-insured group
21. Attach a three (3) year financial projection including income statements, balance sheets, statement of cash flow and all material assumptions relating to the financial projection for the self-insured group
22. Attach evidence that the fund has initial surplus of not less than one million dollars (\$1,000,000)

Enclose a check made payable to Kentucky State Treasurer in the amount of \$600 as the non-refundable application filing fee. Mail the application with check to the Department of Insurance, Financial Standards and Examination Division, P. O. Box 517, Frankfort, KY 40602-0517